The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD – 26 MAY 2011

OUTCOME SUMMARY OF HOSPITAL EXECUTIVE COMMITTEE MEETING HELD ON 17 MAY 2011

Attendance Record : A Cairns, J Clarke, T Cookson, V Morris, N Nisbet, D Vogler, W Wraith, A Osborne, A Fraser, C Beacock, N Tufft, C Needham, A Prichard, R Campbell, S Awwad, E Craig, B McElroy, T Fox, A Tapp, N Srihari, M Cheetham, M Prescott, D Warner, K Eardley, J Dale, A Malcolm.

In attendance: A Hopper, B Graham (Secretary)

Apologies: P O'Neill, P Moreau, R Law and D Hinwood.

Min. No.	Title	Decision/Recommendation and/or further action	Responsibility /Deadline
	INTRODUCTION	The CEO advised the meeting that the Senior Team is now complete and is very strong with clear intent. The CEO confirmed the following: 1) There is a problem with basic care provided at Trust, caused by not being clinically led; 2) Need to complete management of change process which is taking too long to complete. (i) Agreed to appoint temporarily an Assoc.Director – Access to address capacity issues and supported by a General Manager. (ii) Will accelerate internal process and complete assessment process by 2nd week of June to move into interview process and, if appropriate, to move to external recruitment. 3) Financial situation (i) Invited PWC to carry out 8/52 assessment to identify cost releasing efficiencies. (ii) PWC to prepare Programme Management Framework e.g. LIPs, SLR, CIP, Value Streams. (iii) To recruit, with HEC acting as Programme Management Board, 2 or 3 Programme/Project Managers. 4) To run a communication drive during summer to engage organisation in what we are trying to achieve. **Purpose of this meeting** : Need to use time to maximum effect. Should only focus on Trust-wide, corporate issues. Day-to-day business should happen outside HEC. CEO explained agenda structure and purpose: ▪ Decisions – clear proposal and recommendations; ▪ Approach – items may need some discussion but succinct. ▪ Performance Report – needs to focus on a forward look to improve performance; ▪ Risk Report – Need to understand key risks of organisation and how it affects day-to-day business. ▪ Programme Management – keeping track of key projects. ▪ Items for approval – should be quick.	

	ITEMS FOR DECISION		
01	**Service Delivery Options for 18 weeks**	Discussed issues and solutions by specialty. Key areas : T&O, Ophthalmology, ENT, Oral MF, Cardiology and Dermatology. Additional OP, Theatre, workforce and support implications were discussed. Bed requirements and capacity are key issues to resolve. **Decision:** 1) Meeting agreed to accept recommendations presented in the Demand and Capacity Report. 2) Agreed timetable to clear backlog by December 2011. 3) Need senior review of OP to provide sustainable action plan and systematic approach. 4) Timetabled plan to be drawn up with clear programme and milestones and progress to be reported back to HEC monthly. 5) Contact GPs to assess all patients currently on the pending list. 6) Med.Director, Fin.Director and N Tufft to develop IM&T strategy	**DoS – Jun 11** **COO with PCTs Jun 11** **MD, FD & NT Jul 11**
02	**Decision to progress the replacement of Radiology Information System**	Meeting agreed that the procurement process for replacement of RIS should progress to next stage following Trust SFIs and procurement process.	**D Hinwood & N Tufft**
03	**Decision to replace the PACS System**	Meeting agreed to Option 2 to extend contract with current supplier for further 7 years. Also to scope cost for provision of imaging not currently stored; and to check legal requirement with Procurement. Also to ensure consistency between existing systems.	**D Hinwood & N Tufft**
	ITEMS OF APPROACH		
04	**Approach to making decisions about capital**	FD explained current process for capital approval. Currently looking to reduce current schemes (£11m) to approved Capital Resource Limit (CRL) of £8m. However in short-term there is a need to underspend by £1m per year to improve cash position so available capital is just over £7m for 2011/12. **Decision: Meeting NOTED and APPROVED process.**	
05	**Approach to Space Utilisation**	Latest review identified that the organisation required an additional 2000 sq m accommodation. Currently producing information by Centre on current space utilisation. Meeting **AGREED** that a Space Allocation Policy should be developed to control future allocation. Also Head of E&F should produce a Development Control Plan with emphasis on concentrating clinical space within both hospitals.	**C Needham – Sep 11** **C Needham - Dec 11**
06	**Approach to Staff Survey Results**	The meeting noted messages staff are sending through. HR to work with Centres to develop local action plans.	**Head of HR**
	PERFORMANCE REPORT		
07	**Performance Dashboard**	Meeting **NOTED** latest version. Issue around meeting timing to be clarified.	**DCRM**
08	**Finance Report M1**	FD advised of an overspend of approx. £0.5 million in Month 1 on top of the £4 million deficit. Further work is being undertaken to understand what is driving this overspend. Further report next month.	**FD – Jun 2011**

	SIGNIFICANT RISK REPORT		
09	**Risk Management Exec. Committee Minutes and Terms of Reference**	Patient Story read by DQS. Meeting **APPROVED** the Terms of Reference and **NOTED** the minutes of the meeting held on 3 May 2011.	
10	**High Risk Report**	Meeting **NOTED** report and expressed concern about basic care being delivered on wards with patients waiting unduly for interventions and poor responses to EWS. DQS to meet with Centre Chiefs to identify improvements needed. Concern was expressed that this situation was not escalated. Need to put safety as top priority and greatest risk is in unscheduled care. **DECISION :** ▪ Agreed that information on EWS failures will be shared with Centre Chiefs to cascade to tier team; ▪ Serious Incidents (trends by ward and time) in next 2 quarters; and Centre Chiefs to take backward look. ▪ Current position on EWS plus how to access information to be shared; ▪ Need to review Performance Report in relation to avoidable harm; ▪ Need to revise escalation plan with specific actions for Centres to take at critical points and at Centre Level. All Centres to provide an update for the next meeting. ▪ Text system to alert leads on situation; ▪ Need to develop and implement proposal for informing Centres of inpatients waiting for acute response.	**DQS – May 11** **DQS & CCs** **MD – May 11** **DQS – Jun 11** **COO** **ALL CCs – Jun 11** **Head Comms** **DQS to lead + AF,RC,RL & KE**
	PROGRAMME MANAGEMENT		
11	**Role & Function of PM Office**	Need to identify most important programmes to control process. PWC to co-ordinate. **NOTED.**	
	ITEMS FOR APPROVAL		
12	**HEC Terms of Reference**	**APPROVED.**	
13	**HR40 Employment of People with Disabilities**	**APPROVED.**	
14	**Access Policy**	The CEO advised that every Policy should describe process that has been followed and has a Policy Intention Statement at the beginning. Centre Chiefs to forward any queries or comments on the Access Policy to COO within 7 days and COO to then issue an Executive Summary for clinicians.	**All CCs by 24 May.** **COO May 2011**
	ITEMS FOR INFORMATION		
15	**Update on Future Configuration of Hospital Services**	The meeting was advised that FCHS was progressing well to have OBC prepared for June. There may be financial implications that need to be addressed. Progress **NOTED**.	

	Any Other Business		
16	**Improving Quality & Safety of Care we provide to the Medical patient presenting acutely unwell to SaTH**	**Interim Action Plan for Unscheduled Care** K Eardley (CC Unscheduled Care) presented a paper – the meeting **AGREED** to the direction of travel and project proposal. **Decision:** ▪ Meeting **AGREED** to support KE to proceed to implementation. Need to identify any additional costs linked to the proposal; ▪ Is being supported through Continuous Improvement Team – need to have clearly identified individuals to form Care Team; ▪ **AGREED** to communicate this direction to all relevant staff. ▪ Need to identify Clinical Leads and engage medical workforce and change job plans. ▪ Essential to get team right to deliver this and have a clear plan in place. Support needs to include medics and nurse management for operational support. Currently involves Pete Gordon, Hazel Davies and Elaine Hodson. To finalise support available. ▪ Need to change behaviour on wards so all Centre Chiefs will look at how they can support this work in their areas focusing on discharge planning. All CCs to report back. ▪ Need to link into junior doctors e-rostering with clear plan. ▪ Need Executives to be visible in supporting this.	**AO/KE – May** **COO** **ALL CCs Jun 11** **MD** **EDs**
17	**DATE OF NEXT MEETING**	**Provisionally 21 June 2011 at 9 am Room D, Education Centre, PRH.**	**ALL**